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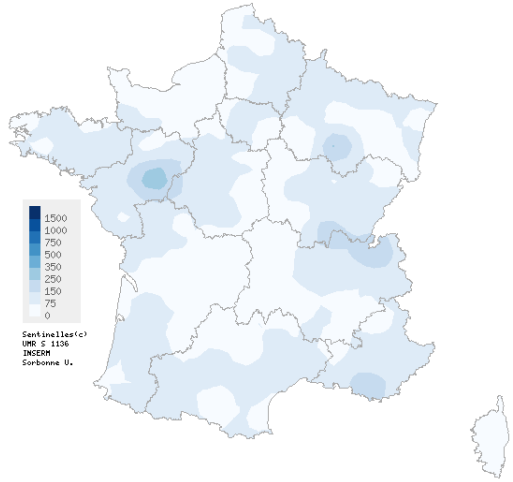
Sentinelles

Santé publique France

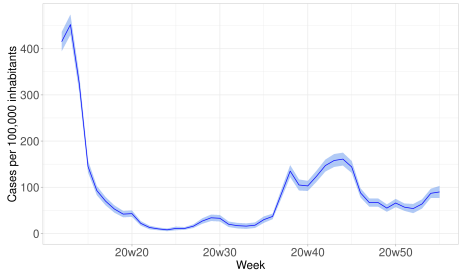
Observed situation for the week 2 of the year 2021, from 01/11/2021 to 01/17/2021

Acute Respiratory Infection (ARI)

(COVID-19, INFLUENZA & other respiratory viruses), stable activity in general practice



Spatial interpolation map of incidence rates at department level



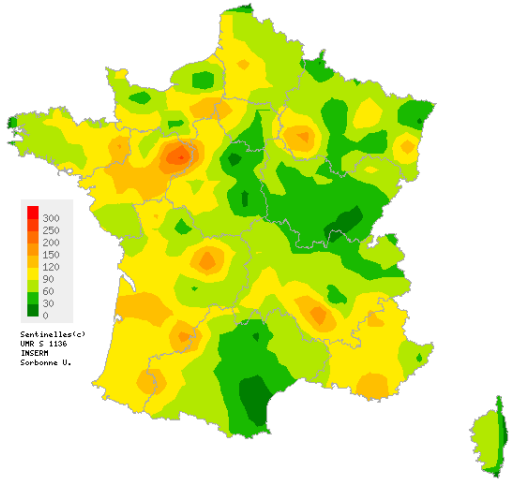
Incidence rates by week

In metropolitan France, last week (2021w02), the incidence rate of ARI consultating (or teleconsulting) in general practice was estimated at 90 cases per 100,000 inhabitants (95% CI [77 ; 103]). This rate is stable compared to week 2021w01 (consolidated data: 87 [77 ; 97]).

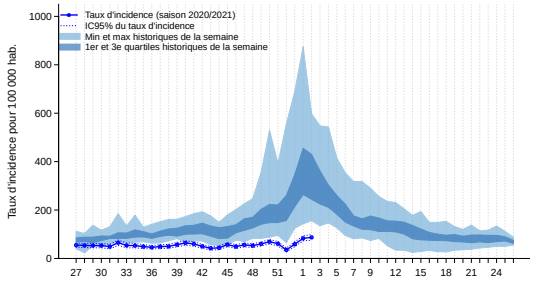
Complete national and regional data are available on the last page of this bulletin.

Acute diarrhea

Low to moderate activity in general practice



Spatial interpolation map of incidence rates at department level



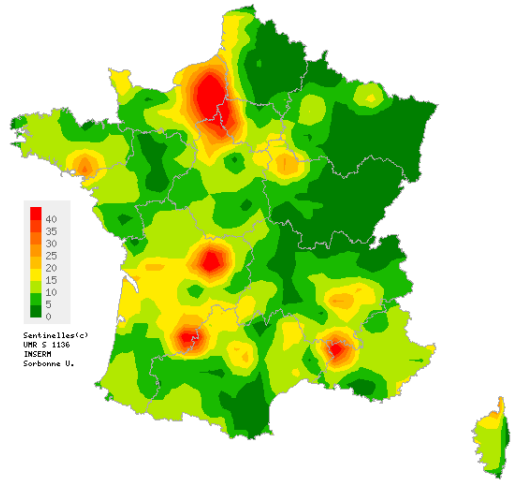
Incidence rates and comparison with historical data

In metropolitan France, last week (2021w02), the incidence rate of acute diarrhea seen in general practice was estimated at 87 cases per 100,000 inhabitants (95% CI [75 ; 99]). This rate is stable compared to week 2021w01 (consolidated data: 83 [73 ; 93]) but below those usually observed in this period.

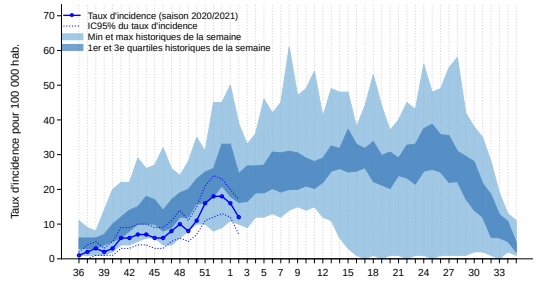
Complete national and regional data are available on the last page of this bulletin.

Chickenpox

Low activity in general practice



Spatial interpolation map of incidence rates at department level



Incidence rates and comparison with historical data

In metropolitan France, last week (2021w02), the incidence rate of Chickenpox seen in general practice was estimated at 12 cases per 100,000 inhabitants (95% CI [7 ; 17]). This rate is slightly lower than in week 2021s01 (consolidated data: 16 [12; 20]), with a low level of activity compared to those usually observed in this period.

Complete national and regional data are available on the last page of this bulletin.

Find more information about case definitions, statistical methods and the Sentinelles network on our website

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Observed situation for the week 2 of the year 2021, from 01/11/2021 to 01/17/2021

ARI - COVID-19, INFLUENZA and other respiratory viruses

Modality of ARI monitoring by the Sentinelles Network

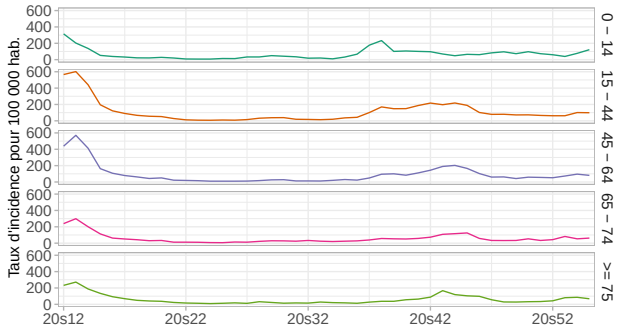
Since March 17th 2020, the surveillance of respiratory infections has been extended from the syndromic and virological monitoring of "influenza-like illness" to that of "acute respiratory infections (ARI)". This new indicator allows the joint monitoring of seasonal respiratory viruses (influenza, RSV, rhinovirus, metapneumovirus) and SARS-CoV-2 (COVID-19).

Sentinelles GPs report the number of ARI patients seen in consultation (or teleconsultation), according to the following definition: sudden onset of fever (or feeling of fever), and respiratory signs. Virological surveillance is conducted by a sample of Sentinelles GPs and paediatricians, in complement to the ARI syndromic surveillance.

This surveillance is implemented in collaboration with Santé Publique France, the National Reference Center (CNR) for respiratory infections (including influenza) (Pasteur Institute, Paris ; Associated Center : Hospices Civils de Lyon), and the virology laboratory of the University of Corsica.

ARI incidence rates by age groups

Slightly increasing activity among the 0-14 years

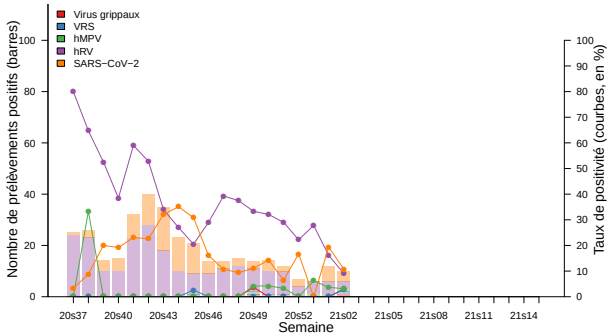


ARI incidence rates by age groups since 2020w12, Sentinelles GPs

In week 2021w02, incidence rates are slightly increasing in the 0-14 age group and stable in all the other age groups compared to the previous week.

ARI virological surveillance

SARS-CoV-2(COVID-19) and rhinovirus circulation
No active circulation of influenza virus



Positive swabs and positivity rate of the tested respiratory viruses among ARI cases swabbed by Sentinelles physicians (GPs and pediatricians) since week 2020w37

Since week 2020w37 (early September), 612 patients with ARI seen in GPs and paediatric consultations have been collected as part of the Sentinel surveillance (mainly from nasopharyngeal swabs). These swabs are tested for various respiratory viruses, including SARS-CoV-2 (COVID-19) and influenza viruses.

Regarding the COVID-19, the rate of positivity for SARS-CoV-2 (COVID-19) is slightly decreasing compared to week 2021s01. Three rhinovirus and SARS-CoV-2 co-infections have been observed since week 2020s37.

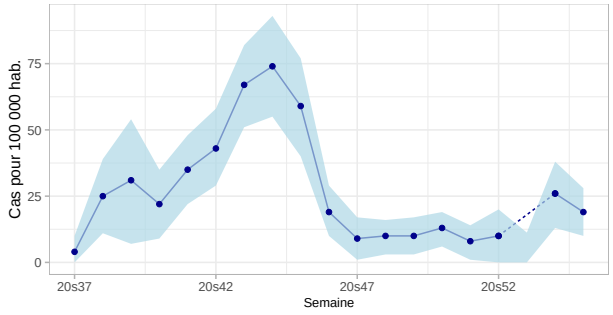
Regarding INFLUENZA, two samples were tested positive for an influenza virus since the resumption of surveillance in early September. Both were influenza B viruses (Victoria lineage). The first was isolated in early December (2020w49) from a patient with an influenza B - rhinovirus co-infection, and the second last week (2021w02).

On week 2021w02, 37 patients with ARI seen in GPs and paediatric consultations had been collected :

- 3/33 (9.1%) were positive for hRV (consolidated data in 2021w01: 5/31 (16.1%)).
- 4/37 (10.8%) were positive for SARS-CoV-2 (COVID-19) (consolidated data in 2021w01: 6/31 (19.4%)).
- One was positive for a type B (Victoria lineage) influenza virus (1/33 (3.0%)) (consolidated data for 2021w01 : 0/31 tested).

COVID-19

Stable activity in primary care



ARI incidence rate due to SARS-CoV-2 (COVID-19) observed in general practice since 2020w37

The number of samples taken in week 2020w53,did not allow an accurate estimate of the number of COVID-19 cases seen in primary care for an ARI.

Estimated incidence of COVID-19 cases seen in consultation in general practice

From the clinical and virological data on ARI cases seen in general practice, it is possible to estimate the proportion of these cases due to COVID-19.

In week 2021w02, the incidence rate of ARI cases due to SARS-CoV-2 (COVID-19) seen in general practice was estimated at 19 cases per 100,000 population (IC95% [10 ; 28]), corresponding to 12,370 [6,576 ; 18,164] new cases of COVID-19 seen in general practice. This rate is similar to the one reported the previous week (consolidated data for 2021w01: 26 [13; 38]).

These estimates need to be read carefully and will need to be consolidated in the coming weeks.

Description of COVID-19 confirmed cases seen in primary care

Since week 2020w37 (early September), the 109 (17.8%) positive cases for SARS-CoV-2 (COVID-19) seen by Sentinelles physicians (GPs and paediatricians) had the following characteristics :

- Their median age was 49 years (from 1 year to 90 years). There were 50 men (46.3%) and 58 women (53.7%).
- 24/104 (23.1%) of them had risk factors for complications.
- 1 patient was hospitalized following the consultation (1/101, 1.0%).

Find the epidemiological bulletin of Santé publique France with all the surveillance data (ambulatory and hospital) on the COVID-19 epidemic

Observed situation for the week 2 of the year 2021, from 01/11/2021 to 01/17/2021

9,067 Internet users are currently participating in the GrippeNet.fr/COVIDnet.fr collaborative project

Information on the GrippeNet.fr/COVIDnet.fr surveillance

Since 2012, GrippeNet.fr has been collecting symptoms felt by Internet users between November and April, thus participating in the surveillance of seasonal respiratory infections.

In March 2020, the modalities of this surveillance changed to take into account the emergence of COVID-19. GrippeNet.fr/COVIDnet.fr now allows the monitoring of influenza-like illnesses and possible cases of COVID-19.

The definitions used for this monitoring are as follows:

- Definition of the European Center for Disease Prevention and Control for influenza-like illnesses;

- Clinical manifestations compatible with a diagnosis of COVID-19, according to the recommendations of the High Council of Public Health for possible cases of COVID-19.

Do not hesitate to become an actor in this surveillance! You can register at any time, no need to be sick!

Frequency of reported symptoms

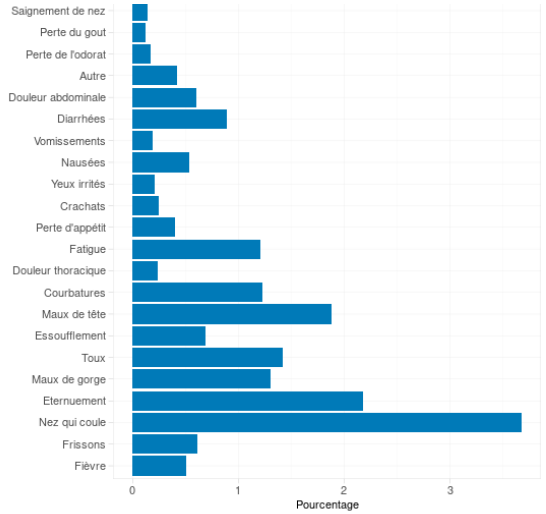


Figure 1. Symptoms reported by participants over the past 8 days, GrippeNet.fr/COVIDnet.fr

Influenza-like illnesses

Stable incidence

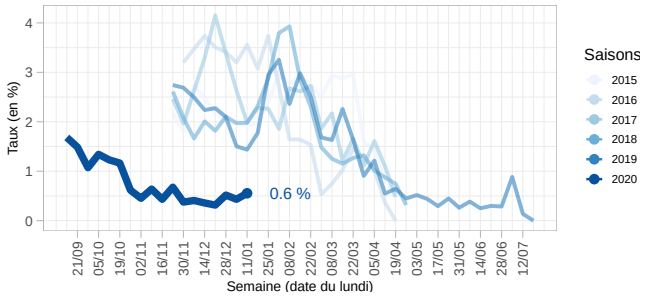


Figure 2. Weekly incidence rate of influenza-like illnesses (current season and since 2015/16), GrippeNet.fr/COVIDnet.fr

Last week (2021w02), among the 5,864 participants who completed a weekly questionnaire, 0.6% (95%CI [0.3%; 1.0%])* declared symptoms compatible with an influenza-like illness. This estimate is stable compared to week 2021w01 (consolidated data: 0.4% [0.3%; 0.7%]) (Fig. 2).

Among the participants who reported symptoms compatible with an influenza-like illness last week (2021w02), 33.1% consulted a general practitioner (in person or remotely).

Regarding the use of tests during the last week (2021w02), 44.6% of the participants with symptoms compatible with an influenza-like illness carried out a PCR test for SARS-CoV-2 (COVID-19), and none did a PCR test for an influenza virus.

Given the low number of people who have reported influenza-like symptoms, these percentages should be interpreted with caution.

Possible cases of COVID-19

Stable incidence

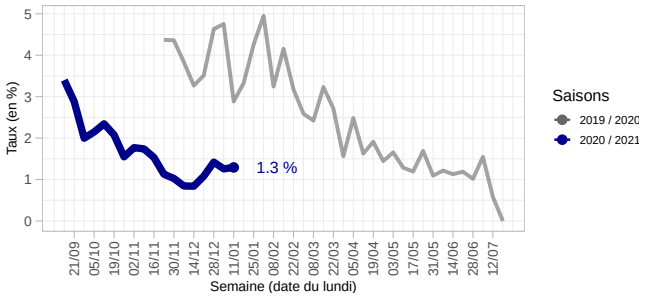


Figure 3. Weekly incidence rate of possible cases of COVID-19 (current season and since 2019/20), GrippeNet.fr/COVIDnet.fr

Last week (2021w02), among the 5,864 participants who completed a weekly questionnaire, 1.3% (95%CI [0.8%; 1.8%])* reported symptoms possibly due to SARS-CoV-2. This estimate is stable compared to the week 2021w01 (consolidated data: 1.3% [0.9%; 1.7%]) (Fig. 3).

Among the participants who reported symptoms possibly due to SARS-CoV-2 during last week (2021w02), 32.8% consulted a general practitioner (in person or remotely).

Regarding the use of tests during the last week (2021w02), 35.8% of participants with symptoms possibly due to SARS-CoV-2 performed a PCR test for SARS-CoV-2 (COVID-19) and 7.9% an antigenic test.

Given the small number of people who reported symptoms possibly due to SARS-CoV-2, these percentages should be interpreted with caution.

* The incidence computation method has been published in Guerrisi et al, 2018.

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Observed situation for the week 2 of the year 2021, from 01/11/2021 to 01/17/2021

National incidence rates over the last 3 weeks (per 100,000 inhabitants)	**2021w02 (unconsolidated)** Incidence rate estimations [95% confidence interval]	**2021w01** Incidence rate estimations [95% confidence interval]	**2020w53** Incidence rate estimations [95% confidence interval]
Acute Respiratory Infection	90 [77 ; 103]	87 [77 ; 97]	64 [54 ; 74]
Acute diarrhea	87 [75 ; 99]	83 [73 ; 93]	59 [49 ; 69]
Chickenpox	12 [7 ; 17]	16 [12 ; 20]	18 [13 ; 23]

Regional incidence rates for the week 2021w02 (per 100,000 inhabitants)	**Acute Respiratory Infection** Incidence rate estimations [95% confidence interval]	**Acute diarrhea** Incidence rate estimations [95% confidence interval]	**Chickenpox** Incidence rate estimations [95% confidence interval]
Auvergne-Rhône-Alpes	101 [56 ; 146]	81 [46 ; 116]	9 [0 ; 18]
Bourgogne-Franche-Comté	90 [23 ; 157]	39 [6 ; 72]	5 [0 ; 15]
Bretagne	78 [29 ; 127]	107 [50 ; 164]	18 [0 ; 38]
Centre-Val de Loire	93 [49 ; 137]	55 [30 ; 80]	11 [0 ; 22]
Corse	17 [0 ; 44]	65 [13 ; 117]	30 [0 ; 64]
Grand Est	85 [37 ; 133]	85 [45 ; 125]	7 [0 ; 18]
Hauts-de-France	72 [32 ; 112]	88 [43 ; 133]	0 [0 ; 0]
Ile-de-France	102 [60 ; 144]	71 [39 ; 103]	7 [0 ; 14]
Normandie	30 [0 ; 61]	52 [14 ; 90]	38 [0 ; 78]
Nouvelle-Aquitaine	66 [38 ; 94]	106 [65 ; 147]	12 [0 ; 27]
Occitanie	99 [59 ; 139]	38 [15 ; 61]	5 [0 ; 14]
Pays de la Loire	180 [91 ; 269]	152 [81 ; 223]	8 [0 ; 20]
Provence-Alpes-Côte d'Azur	156 [65 ; 247]	104 [32 ; 176]	8 [0 ; 23]

French Sentinel network

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Since 1984, the "réseau Sentinelles" or Sentinelles network has been a research and health monitoring network in primary care (general medicine and paediatrics) in metropolitan France. The participation of physicians is voluntary. Currently, 759 physicians participate in the continuous surveillance activity (683 general practitioners and 76 paediatricians), allowing the production of weekly epidemiological reports.

Heads of Sentinel Network : Thomas Hanslik, Thierry Blanchon
Publication : Yves Dorléans
Information systems & biostatistics : Corentin Hervé, Titouan Launay, Cécile Souty, Clément Turbelin, Ana Vilcu
Monitoring manager : Louise Rossignol, Caroline Guerrisi

Regional branch	**Heads** & Epidemiologists/Animators
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Centre-Val de Loire, Pays de la Loire, Bretagne	**Thierry Prazuck** Charly Kengne-Kuetche, Marie Pouquet, Morgane Switat
Corse, PACA	**Alessandra Falchi** Shirley Masse, Louis Longo
Grand Est	Daouda Niaré
Ile-de-France, Hauts-de-France	**Mathilde François** Camille Bonnet, Hayat Benamar
Normandie	Jeanne Pergeline, Sarah Mir
Nouvelle-Aquitaine, Occitanie	Marion Debin, Yves Dorléans

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